



**County of Moore
Department of Public Safety
Fire Marshal's Office**

302 S. McNeill St. • PO Box 905 • Carthage, NC 28327 • Phone (910) 947-6317 • FAX (910) 947-6378

CERTIFIED FIRE INCIDENT REPORT REQUEST

Date ____/____/____ Business Name _____
Street Address _____ City _____ ST ____ Zip _____
Mailing Address _____ City _____ ST ____ Zip _____
Contact Number (____) _____ FAX (____) _____

Date of Incident _____ Type of Incident _____
Address of Incident _____
City _____ ST ____ Zip _____
Fire District _____

In accordance with N.C.G.S 58-79-45, I hereby request a certified copy of the fire report as identified above. I understand that this report has been filed with the National Fire Incident Reporting System (NFIRS) by the Fire Department having jurisdiction as of the date of printing and reflects information obtained by the Fire Chief or his/her designee at the time of the incident. In no way, either expressed or implied, does this represent the view(s) or opinion(s) of any employee of the County of Moore.

Signature of Requestor _____
Printed Name _____

A \$5.00 certified report fee must be paid prior to release of report.

OFFICE STAFF ONLY

CAD# _____ FDID _____

DATE COMPLETED _____

Fee Paid _____

INITIALS _____